



OLD VALUES - NEW HORIZONS
COMMUNITY DEVELOPMENT
 3 North Rd, Windham, New Hampshire 03087
 (603) 432-3806 / Fax (603) 432-7362
www.WindhamNH.gov

**Home-Based Day Care Customary Home
 Occupation Application Conditional Use
 Permit**

Property Owner _____ Phone _____

Property Owner Mailing Address _____

Property Owner Fax _____ Property Owner Email _____

Applicant (if other than owner) _____ Phone _____

Applicant Mailing Address _____

Applicant Fax _____ Applicant Email _____

Tax Map Number: (Map – Block – Lot) ____ - ____ - ____ Zoning District _____

Note: All applications subject to Sections 602.1.6 & 602.1.10 of the Zoning Ordinance

Answer (fill in blanks):

1. What type of Day Care are you proposing (as defined in **Section 602.1.10** of the *Zoning and Land Use Regulations*)?

_____ Family Group Day Care Home _____ Family Day Care Home

2. Will the proposed Day Care be clearly incidental and secondary to the residential use? **Y/N**

3. What are the hours of operation for your Home-Based Day Care? _____

4. Will you be hiring any employees? **Y/N** If "Yes" How many FT/PT? _____

Answer (circle Y or N):

5. Will the Day Care change the character of the neighborhood? **Y/N**

6. Will the Day Care occupy more than 25% of the normal living area of the dwelling? **Y/N**

7. . Will you be completing any exterior renovations or construction? **Y/N**

8. Will you be publicly displaying goods or wares or the exterior storage of material? **Y/N**

9. Will the Day Care adversely affect neighboring properties, by reason of any unusual signage, lighting, noise, odors, or traffic? **Y/N**

10. Will any additional parking in excess of those necessary for residential purposes be needed? **Y/N**

***If the answer is "YES" to any of the items 5-8 provide additional info on a separate page.**

Staff Use Only

Received by _____ Date _____

See Adopted Fee sheet for required fee amounts

Cash/Check No. _____

Planning Board Case Number _____ Date of Planning Board Public Hearing _____

Provide the following (check):

- Completed Abutter List (attached) and 2 Sets of mailing Labels
- Is there an adequate water supply to meet the needs of the residence and home-based day care Business? ** Y/N
- Is there an adequate sewage disposal system to meet the needs of the residence and home-based day care Business? ** Y/N
- A Site Plan of the property detailing the location of driveway entrances

****If "Yes" provide copy of well and septic plans. If "No" explain how this will be addressed.**

Completed Applications will be scheduled for a public hearing and review by the Planning Board. Planning Board Approval is required before a Conditional Use Permit will be issued.

By signing, I am affirming that I understand that I am applying for a Home Based Day Care/Customary Home Occupation Conditional Use Permit. All application information is accurate to the best of my knowledge.

Applicant Signature

Date

Property Owner Signature

Date